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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Masayuki Yasuda

Serial No.: 09/019,087

Filed: 02/05/98



Docket No.: TIJ-24816

Art Unit: 1765

Examiner: Perez Ramos, V.

Title: Manufacturing Method of Semiconductor IC Device

AMENDMENT UNDER 37 C.F.R. §1.115 TRANSMITTAL FORM

09/10/99

Assistant Commissioner for Patents
 Box Non-Fee Amendments
 Washington, DC 20231

Sir:

- Transmitted herewith is an amendment for this application.

STATUS

- The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.
 Applicant is other than a small entity.

(a) Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for other total number of months checked below:

	Extension <u>(months)</u>	Fee for other than <u>small entity</u>
<input checked="" type="checkbox"/>	one month	\$ 110.00
<input type="checkbox"/>	two months	\$ 380.00
<input type="checkbox"/>	three months	\$ 870.00
<input type="checkbox"/>	four months	\$ 1,360.00

Fee \$ 110.00

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If an additional extension of time is required please consider this a petition therefor

An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

or

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	11	Minus		= 0	x \$22 =	\$ 0
Independent Claims	3	Minus		= 0	x \$82 =	\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMOUNT						\$ 0

(c) No additional fee for claims is required.

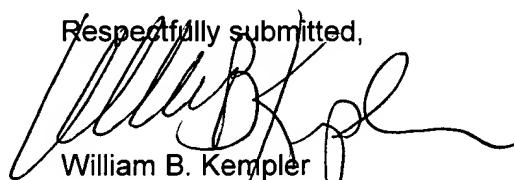
OR

(d) Total additional fee for claims required \$_____.

FEE PAYMENT

If any additional extension and/or fee is required, charge Deposit Account No. 20-0668 and/or if any additional fee for claims is required, charge Deposit Account No. 20-0668. Two copies of this sheet are enclosed.

Respectfully submitted,



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